Note: This is a sample template, it is not an OMB approved form. Universal 911 Dialing-First Transition Report Please read instructions before completing Section 1 Carrier Identification Information Parent Company Name McDonough Telephone Cooperative Service Provider Name McDonough Telephone Cooperative Company Address, City, State, Zip 210 North Coal Street P O Box 359 Colchester, IL 62326 ☐ Wireline Service Provider Type □ Wireless Wireline Name(s) of Wireless License Holder(s) N/A Contact Name Norman T Welker Contact Tel # 309.776.3211 309.776.3299 E-mail Address norm@mdtc.net Section 2 Local Area 911 Implementation List all individual local areas covered by this report (e.g., Lee County, Virginia): Henderson County, Illinois Schuyler County, Illinois

(a) For each area listed above,	identify the emergency response point to which 911 calls will be routed.
Henderson County, Illinois	Sheriff's Office
Schuyler County, Illinois	Sheriff's Office
	provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to
the identified emergency respo	nse point.
McDonough Telephone current	tly provides E 9-1-1 for other counties over dedicated trunks terminating in the Verizon router in Macomb
(McDonough County) Illinois.	The 9-1-1 calls from Henderson and Schuyler counties will be sent to this same router where the calls will be
directed to the appropriate cou	unty sheriff's office. McDonough Telephone's switching office is currently capable of directing 9-1-1 calls from
these two counties to the route	er without further translation or other work.
(c) For each area listed above	, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.
Date and time to complete this	project is dependent on the respective counties and Verizon.
Date and time to complete this	project is dependent on the respective counties and verizon.
Section 3	
911 Implementation Problems	
	reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational erienced during the initial transition stages.
problems carrier has expe	menced during the initial transition stages.
None	
(b) Where the reporting carri	ier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with
	state and local authorities.
NI/A	
N/A	
1	

Section 4		
Certification - To be signed by an authorized representative of the reporting entity		
*	I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.	
斌	I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of March 6, 2002.	
Signature Norman J Welker		
Printed name of authorized representative Norman T Welker		
Title Pr	esident / General Manager	
Date M	arch 6, 2002	
This filing is: original filing revised filing XX		

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.